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CONFIRMATION NO. 7985

<b>SERIAL NUMBER</b> 10/728,217	<b>FILING OR 371(c) DATE</b> 12/04/2003 <b>RULE</b>	<b>CLASS</b> 523	<b>GROUP ART UNIT</b> 1714	<b>ATTORNEY DOCKET NO.</b> 2881
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *KS*

This appln claims benefit of 60/433,528 12/13/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 03/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Kub Sadi</i> Examiner's Signature	<i>KS</i> Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 4
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## ADDRESS

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## TITLE

Antimicrobial fatty acid containing suture coating

<b>FILING FEE RECEIVED</b> 1094	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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